

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27470**
Registrar's No. **7291**XC- 8 292 658
Reg. 10359 SL-6637
FILED SEP 13 1955

BIRTH NO.

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (In this place) 8 days	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hosp.		STREET ADDRESS (If rural, give location) 617 Warrenton Drive	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) KASPER c. (Last) BOHN		4. DATE OF DEATH (Month) (Day) (Year) 8-19-55	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-30-14
9. AGE (In years last birthday) 40		10. IF UNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Unknown	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Bohn		13b. MOTHER'S MAIDEN NAME Anna Kasper	
14. NAME OF HUSBAND OR WIFE Donna Bohn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	
16. SOCIAL SECURITY NO. 4930 56 523		17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Valvular Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH Unknown		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-11-55 , 19__, to 8-19-55 , 19__, and that death occurred at 10:15 a.m., from the causes and on the date stated above.			
23a. SIGNATURE W. R. Patrick, Jr. Degree or title M.D.		23b. ADDRESS VA Hospital, 915 N. Grand, St. Louis, Mo.	
23c. DATE SIGNED 8-19-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 8/22/55		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons	
DATE REC'D BY LOCAL REG. AUG 22 1955		ADDRESS 7233 Delmar Blv'd.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.